



---

## INVESTMENT PROVIDER DATA SHEET

Employer Name \_\_\_\_\_ Plan ID \_\_\_\_\_

---

### GENERAL INFORMATION

Investment Provider Name \_\_\_\_\_

Investment Provider Contact Name (*first, last*) \_\_\_\_\_

Investment Provider Address (*street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Primary Phone \_\_\_\_\_

Contact Fax \_\_\_\_\_

Contact Alternate Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Investment Provider's Plan Identifier \_\_\_\_\_

---

### FILE TRANSMISSIONS

The file format used to send transmission to planwithease.com is Pipe Delimited Text File.

The file must be delivered to an FTP site. A Login ID and Password will be provided.